

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 11 AM 9:07

DOCUMENT # M62952 (0)

1. Corporation Name
ROJAS & OLVA, P.A.

Principal Place of Business 2250 SW 3RD AVE 3RD FLOOR MIAMI FL 33129	Mailing Address 2250 SW 3RD AVE 3RD FLOOR MIAMI FL 33129
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/24/1987	3a. Date of Last Report 08/04/1994
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0041767	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLVA, RUBEN ESQ.
2250 SW 3RD AVE
3RD FLOOR
MIAMI FL 33129**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	OLVA, RUBEN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2250 SW 3RD AVE	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE D	ROJAS, ROBERTO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2250 SW 3RD AVE	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or in an attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/95 **305-856-6868**
DATE (Type in Year #)

CR2E034 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
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PROFIT CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1995 *6-14-95* *B-7260-C*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 1995

DOCUMENT # **M63057** (7)

1. Corporation Name

SOUTHBREEZE CONSTRUCTION CORPORATION

Principal Place of Business

Mailing Address

465 OCEAN DR.
STE. 1123
MIAMI BCH. FL 33139

465 OCEAN DR.
STE. 1123
MIAMI BCH. FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1987	3a. Date of Last Report 05/31/1994
4. FBI Number 65-0159420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
a. This Corporation has liability for intangible tax under s. 195.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country
30	

9. Name and Address of Current Registered Agent

MIGUEL NOBILE
465 OCEAN DR.
STE. 1123
MIAMI BCH. FL 33139

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOBILE, MIGUEL
STREET ADDRESS	465 OCEAN DR, #1123
CITY ST ZIP	MIAMI BCH. FL
TITLE	V
NAME	NOBILE, ANGELO
STREET ADDRESS	465 OCEAN DR, #1123
CITY ST ZIP	MIAMI BCH. FL
TITLE	S
NAME	EVANS, LAWRENCE
STREET ADDRESS	3046 BIRD AVENUE
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES, DELETIONS AND CANCELLATIONS

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	S
33 STREET ADDRESS	NOBILE, MIGUEL
34 CITY ST ZIP	465 OCEAN DR # 1123 MIAMI BEACH, FL 33139
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **6-9-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)